

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/519

1 Date of Request: _____		2 Serial/Patent # _____		
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$

10 REASON:	
Overpayment	
Duplicate Payment	
No Fee Due (Explanation):	

8 TO BE REFUNDED BY:	
Treasury Check	
Credit Deposit A/C #:	
9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>

11 REFUND REQUESTED BY:	
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TYPED/PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

RECEIVED 10/28/2005 PKIDWELL 0019096600
 DASH: 161358 Name/Number: 12519435
 FC: 9204 \$500.00 CR

OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**